## PLEASE USE THE FOLLOWING VOUCHERS WHEN SUBMITTING THE WORKERS COMPENSATION POLICY FILING FEES. SEND TO:

## SOUTH DAKOTA DIVISION OF INSURANCE 445 EAST CAPITOL PIERRE, SD 57501

WORKERS COMPENSATION POLICY	WORKERS COMPENSATION POLICY
FILING FEE. SEND TO:	FILING FEE. SEND TO:
SD DIVISION OF INSURANCE	SD DIVISION OF INSURANCE
445 EAST CAPITOL	445 EAST CAPITOL
PIERRE, SD 57501	PIERRE, SD 57501
QUARTER PAYMENT DUE SEPT 30 <sup>TH</sup>	QUARTER PAYMENT DUE DEC 31 <sup>S</sup>
NUMBER OF POLICIES	NUMBER OF POLICIES
TOTAL AMOUNT \$	TOTAL AMOUNT \$
COMPANY NAME:	COMPANY NAME:
Address:	Address:
NAIC#	NAIC#
Phone:	Phone:
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WORKERS COMPENSATION POLICY FILING FEE. SEND TO: SD DIVISION OF INSURANCE 445 EAST CAPITOL PIERRE, SD 57501  OUARTER PAYMENT DUE MAR 31 <sup>ST</sup>	WORKERS COMPENSATION POLICY FILING FEE. SEND TO: SD DIVISION OF INSURANCE 445 EAST CAPITOL PIERRE, SD 57501  QUARTER PAYMENT DUE JUN 30 <sup>TH</sup>
WORKERS COMPENSATION POLICY FILING FEE. SEND TO: SD DIVISION OF INSURANCE 445 EAST CAPITOL PIERRE, SD 57501  QUARTER PAYMENT DUE MAR 31 <sup>ST</sup> NUMBER OF POLICIES	WORKERS COMPENSATION POLICY FILING FEE. SEND TO: SD DIVISION OF INSURANCE 445 EAST CAPITOL PIERRE, SD 57501  QUARTER PAYMENT DUE JUN 30 <sup>TH</sup> NUMBER OF POLICIES
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